

## **VSH Conceptual CON Second Round Questions**

### **161. Regarding the caption in VDH response dated October 16, 2006:**

VDH restated the case caption as follows in its response to questions, including a footnote (#1) as highlighted in the excerpt below. The footnote refers to page 53 of the Fletcher Allen Health Care Material Change Application for the Renaissance Project, Docket No. 03-006 – H, Statement of Decision on Application for Certificate of Need, November 20, 2003. The Department has reviewed the referenced page number and fails to see information there that is relevant or material to this CON proceeding, or that references replacing the functions currently performed by Vermont State Hospital.

Here is the caption as restated by VDH:

*RE: Docket # 06-013-H*

*Application for Conceptual Certificate of Need to create new inpatient programs to enhance psychiatric inpatient care and replace the functions currently performed by Vermont State Hospital filed on August 17, 2006, seeking a Certificate of Need (CON) to permit the Vermont Department of Health (VDH) to be authorized “to carry out feasibility analyses of multiple options and to develop detailed plans for the most feasible models” to replace the functions currently performed by Vermont State Hospital<sup>1</sup> and to permit VDH to “incur planning expenditures to analyze and compare the feasibility of various options for the replacement of the Vermont State Hospital”.*

**Please explain:**

- **the purpose of the footnote**
- **how the referenced Statement of Decision relates to this case.**
- **why VDH restated the case caption**

### **162. Regarding questions 3 and 4 from the 1<sup>st</sup> set of questions dated September 5, 2006:**

The applicant bears the burden of proving, by a preponderance of the evidence, that its proposed project meets the applicable CON criteria, standards, and principles. This burden of proof is not related to a burden of satisfying legislative standards for appropriations. This burden must be met in the Conceptual CON application process.

Regarding analyses to be conducted, the Department's questions recognized that the applicant may not have conducted the referenced analyses. The questions asked what the applicant's plans are to conduct the analyses with the authority that would be granted in a Conceptual CON.

Please indicate *how* the applicant will conduct the analyses, the *scope* of such analyses, and the planned *time-lines* for the analyses.

**Please specify:**

- a. How and when the applicant will perform the indicated planning. Your response must include, but need to be limited to, the following:
  - i. what methodologies will the applicant employ,
  - ii. what expertise will the applicant engage,
  - iii. what time-lines will the applicant follow,
  - iv. when and how will the applicant quantify the extent to which it will create the “new community capacities” and how those capacities will reduce reliance on inpatient care,
  - v. will the applicant add specific human and financial resources to specific community mental health programs and/or services,
  - vi. how will the applicant determine how many people will be served “through residential services at the sub-acute levels of care”,
  - vii. how will the applicant determine how many crisis stabilization beds will be added and where will they be located,
  - viii. how will the applicant determine what peer support services will be implemented,
  - ix. how will the applicant determine what housing and transportation services will be implemented,
  - x. how will the applicant determine what the components of the “system of care management” will consist of,
  - xi. how the “thorough clinical and operational planning process that includes the State’s hospitals” (p. 28) will be accomplished,
  - xii. in preparation for replacing or improving VSH, how VDH plans to obtain information regarding how other states, both in terms of facilities and programs, serve their patient populations most similar in need to the patients at VSH.
  - xiii. when will the applicant list all “stand alone state run psychiatric hospitals that meet CMS accreditation standards”, and include contact information for those facilities,
  - xiv. how and when will the entities’ funding, staffing and governing needs and plans be determined?

**Please elaborate and explain**

**163. Regarding question 105:**

With respect to the three FAHC options identified in the application, please indicate estimates of any and all planning, development or similar costs VDH has been asked to pay and/or expects to pay on behalf of FAHC, Rutland Regional Medical Center, and Retreat Healthcare, including but not limited to:

- infrastructure
- services
- operations
- planning
- administration
- indirect costs

- architectural services
- engineering services
- other

Please also provide a breakdown of all costs already incurred with respect to the development of this proposal and the application.

What is the total anticipated budget with respect to this obligation?

Please submit a copy of any and all written understandings and/or agreements pertaining to these arrangements.

Please respond separately with respect to each of the three institutions.

**164. Regarding question 30:**

Prior to the application being ruled complete, the applicant needs to present a proposed and sufficiently detailed budget for expenses VDH anticipates incurring in preparation for filing the Phase II CON application, indicating expenditures by category. Please provide.

**165. Regarding question 8:**

The Department does not clearly understand, based on the application, and written and verbal communications from the applicant, whether there is one preferred option (the 68 bed program) or three preferred options (a 40-bed stand alone psychiatric hospital on or off the Burlington campus, a 40-bed program that is physically integrated with FAHC's existing inpatient services, or a 68-bed program combining FAHC's current 28-bed program with 40 new beds physically integrated with the inpatient services).

**Please provide clarification of:**

- a. The options that the applicant is seeking to explore within the terms of this conceptual CON. Since it is greater clarity being sought, please restate this without directly quoting the language that described the "preferred options" in the application.
- b. Among the options to be explored (a), please state which, if any, are considered to be "preferred options." Please define "preferred options" in your response and please distinguish between and rank preferred options if there is more than one preferred option.

**166. Regarding question 83:**

Please provide the referenced November, 2004 report.

Please note that the second sustainability study will be required to be submitted to the Department in the Phase II review.

**167. Regarding question 87:**

Please provide a complete copy of the referenced Inpatient Partner Option Analysis.

**168.** Please use your best efforts to project the actual bed need for the full ten-year period beyond the projected opening dates of a new facility or facilities.

**169.** What efforts have been made so far to identify a location for the secure residential treatment program? Please explain.

**170.** Please explain why VDH has not addressed the specific recommendation in the actuarial report concerning the development of 10 addition general psychiatric inpatient beds.

**171.** What impact will the transfer of patients to residential recovery programs have on the census of the Vermont State Hospital? Please explain. If the estimate is too high, what effect will this have on the census at the FAHC unit?

**172.** What is the capacity of the proposed VSH replacement re: high security patients? [meaning patients who present a high risk to others, or who have felony charges/convictions AND are high risk for escape] What experience does Fletcher Allen Health Care, Rutland Regional Medical Center and Retreat Healthcare have with high security patients? Will there be a separate unit or units for high security patients? What is the capacity for patients from incarceration facilities who cannot be cared for in the prison environment/need long term inpatient or residential care?

**173. Regarding question 79:**

Please provide a “yes” or “no” response to 79a.

**174. Regarding questions 140 to 142:**

Please clarify in an answer that is responsive to this rephrased question:

The application and the answers state that the original plan called for replacement of the inpatient psychiatric beds at VSH through a combination of relocation to voluntary community residential programs and 32 involuntary inpatient beds. The answers explain that the evolution of the planning process has resulted in the replacement of the VSH inpatient beds as constituting 50 involuntary inpatient beds, and the addition of voluntary community options. This evolution would appear to require that the statement cited on page 18 of the application — that Vermont has “an important opportunity to plan for *replacement* services [to VSH] that are voluntary” — be corrected as a result of that same evolution to state that the plan will add new voluntary services, but will not *replace* current involuntary capacity with voluntary services. If this is not a correct clarification, please explain.